

**South Carolina Department of Labor, Licensing and Regulation
Board of Medical Examiners
2013-2015 Acupuncture Renewal Application**

Name: _____ License #: _____

Renewal Instructions

1. Complete all questions and blank spaces on this renewal application. **Incomplete applications will be returned.**
2. Make any necessary changes and attach additional sheets as necessary.
3. **Mail completed application with a payment \$150.00 made payable to LLR-Board of Medical Examiners, P.O. Box 11289, Columbia, SC 29211-1289; Telephone number (803) 896-4500 and Fax number (803) 896-4515. Applications must be postmarked by the Post Office on or before September 30, 2013.**

Home Address

Primary Place of Employment

Mailing Address

County: _____

County: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-Mail: _____

E-Mail: _____

Cell Phone (Confidential Info for DHEC

Emergency Contact System): _____

Licensed as an: *Select one* ☐ Acupuncturist ☐ Auricular Therapist ☐ Auricular Detoxification Therapist

List all active and inactive other state licenses _____

National Certification *(Select and attach a copy of your national certification certificate)*

__ National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Expiration date _____

__ National Acupuncture Detoxification Association Certificate (NADA)

__ Other national certification _____

Answer "Yes" or "No" to each of the following questions. If your answer is "Yes" to any of the questions below, you must attach a full written explanation. **If you are currently enrolled in the Recovering Professional Program (RPP) and have remained in full compliance, you may answer "No" to those questions followed by an asterisk (*).

1. Since you last renewed with this Board, has any Order or other disciplinary action been rendered against you by any Medical Board (other than SC Board) or have you been denied licensure/certification by any licensing board related to acupuncture? ☐ Yes ☐ No
2. Since you last renewed with this Board, have any hospital privileges or other privileges of any kind been revoked, suspended, restricted, denied or voluntarily surrendered or relinquished? ☐ Yes ☐ No
3. Since you last renewed with this Board, has your ability to practice acupuncture been impaired by any physical, emotional or mental illness, whether temporary or permanent? ** ☐ Yes ☐ No
4. Since you last renewed with this Board, have you been treated for any physical, mental, or emotional conditions that might interfere with your ability to competently and safely perform the essential functions of practice? ** ☐ Yes ☐ No
5. Since you last renewed with this Board, have you developed any disease or conditions, physical, mental or emotional (i.e. bipolar disease, schizophrenia, paranoia or any other psychotic disorder) that might interfere with your ability to competently and safely perform the essential functions of practice? ** ☐ Yes ☐ No
6. Since you last renewed with this Board, have you been arrested, indicted, or convicted, pled guilty or pled nolo contendere for violation of any federal, state or local law (other than minor traffic violations)? ☐ Yes ☐ No
7. Has there been any change in the status of your lawful presence in the United States since initial licensure? ☐ Yes ☐ No
8. Since you last renewed with this Board, have you been discharged involuntarily from employment? ☐ Yes ☐ No

Signature: _____ Date: _____